

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7	1					
8	1	*				
9		1				
10		1				
11	1					
12		1				
13		1				
14	1					
15		1				
16	1					
17		1				
18	1					
19	1					
20		1				
21	1					
22		1				
23		1				
24	1					
25		1				
26		1				
27	1	*				
28	1					
29	1					
30	1					
31	1					
32		1			1	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39					1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44		1				
45			1			
46			1			
47			1			
48						
49						
50						
TOTAL IND.						
TOTAL DEP.			14		11	
TOTAL CLAIMS		10		12		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						